

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

Enid Y. Pérez Rivera,
Plaintiff(s),

v.

Medical Card System,
Defendant(s).

AMOUNT:	\$ 200.00
FEB 17 2017	
<i>Ale C. Lopez</i>	
CASHIER'S SIGNATURE	

CIVIL CASE NO. 17 - 1244 FAB

Jury trial demanded
(check if applicable)

EMPLOYMENT DISCRIMINATION COMPLAINT

JURISDICTION

1. This employment discrimination lawsuit is based on (check only those that apply):

- Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. §§ 2000e, et seq., for employment discrimination on the basis of race, color, religion, gender, or national origin. NOTE: In order to bring suit in federal district court under Title VII, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.
- Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. §§ 621, et seq., for employment discrimination on the basis of age (age 40 or older). NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file charges with the Equal Employment Opportunity Commission.
- American with Disabilities Act of 1990, as amended, 42 U.S.C. §§ 12101, et seq., for employment discrimination on the basis of disability. NOTE: In order to bring suit in federal district court under the American with Disabilities Act, you must first obtain a right-to-sue letter from the Equal Employment Opportunity Commission.

- Rehabilitation Act of 1973, as amended, 29 U.S.C. §§ 701, et seq., for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance. NOTE: In order to bring suit in federal district court under the Rehabilitation Act of 1973, you must first file charges with the appropriate Equal Employment Office representative or agency.
- Other (describe using additional sheets if necessary): Violation of the license FMLA. November 2011 My employer gave me a vacation. My grandfather sick in Florida i called to activate my license FMLA. After this they increased the attempts that already were making to leave me.

PARTIES

2. Plaintiff

Plaintiff's Name: _____

Plaintiff's Address:
(Street or Postal Address) _____

Plaintiff's Telephone
and Fax Numbers _____

Plaintiff's E-Mail _____

- Rehabilitation Act of 1973, as amended, 29 U.S.C. §§ 701, et seq., for employment discrimination on the basis of a disability by an employer which constitutes a program or activity receiving federal financial assistance. NOTE: In order to bring suit in federal district court under the Rehabilitation Act of 1973, you must first file charges with the appropriate Equal Employment Office representative or agency.
- Other (describe using additional sheets if necessary): _____

FMLA ACT

PARTIES

2. Plaintiff

Plaintiff's Name:

Enid q. Perez Rivera

Plaintiff's Address:

(Street or Postal Address)

PO box 51331 Fort Myers, FL

33994

Plaintiff's Telephone
and Fax Numbers

239-878-1051

Plaintiff's E-Mail

Enid.Perez30@yahoo.com

3. Defendant

Defendant's Name:

Medical Card System

Defendant's Address:

(Street or Postal Address)

Po box 195168, San Juan

PR 00919-5168

Defendant's Telephone
and Fax Numbers

787-758-2500

Defendant's E-Mail

Rodriguez@fernacioli.com OR

A Henchon@fernacioli.com

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES, ADDRESSES, TELEPHONE AND FAX NUMBERS, AND E-MAIL ADDRESSES ON A SEPARATE SHEET OF PAPER.

VENUE

4. If you are claiming that the discriminatory conduct occurred at a different location, please provide the following information:

(Street Address)

(City/Municipality)

(State) (Zip Code)

5. When did the discrimination occur? Please give the date or time period:

July 7/2010 to March 3/2012.

ADMINISTRATIVE PROCEDURES

6. Did you file a charge of discrimination against the defendant(s) with the

Puerto Rico Department of Labor?

Yes Date filed: 2012

 No

7. Did you file a charge of discrimination against the defendant(s) with the Equal Employment Opportunity Commission or other federal agency?

Yes Date filed: _____

No

8. Have you received a Notice of Right-to-Sue Letter?

Yes

No

If yes, please attach a copy of the letter to this complaint.

9. If you are claiming age discrimination, check one of the following:

60 days or more have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission

fewer than 60 days have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission

NATURE OF THE CASE

10. The conduct complained of in this lawsuit involves (check only those that apply):

failure to hire me

termination of my employment

failure to promote me

failure to accommodate my disability

terms and conditions of my employment differ from those of similar employees

retaliation

harassment

other conduct (specify): _____

Did you complain about this same conduct in your charge of discrimination?

Yes No

11. I believe that I was discriminated against because of my (check all that apply):

race

religion

national origin

color

gender

disability

age (my birth date is: _____)

other: FMLA Act

Did you state the same reason(s) in your charge of discrimination?

Yes No

1. The complainant began to work for the defendant on November 14, 2012.
2. At the time of the facts, the defendant served in the position of service representative in the medical card system, INC. Full time in Caguas PR earning a salary of 10.30 per hour.
3. That the complainant was dismissed from her job by the defendant on March 26, 2012. Without that cause,
4. The complainant party does not pay the allowance that in law corresponds to it according to the provisions of the law of compensation for dismissal without just because Law number 80 of May 30, 1976 as amended 29 LPRA 185-185m.
5. That the complainant is qualified to exercise its position within the company.
6. According to the time of service of the complainant is entitled to a payment approximately 10,464.80.
7. Before being fired she had been granted medical-family leave to take care of her grandfather (loco-parentis)
8. That after being granted a family medical license began discriminatory treatment and harassment without rest.
9. They made a schedule change June 9, 2011 after an excused absence being threatened the plaintiff with the loss of her job. The absence occurred on June 8, 2011 was medically justified by medical letter.
10. Was reprimanded October 3, 2011 and January 9, 2012 for absenteeism and tardiness.
11. In the report appear several absences that were justified by fmla were coordinated.
12. The human resources department Mr. Jose Sanchez Couvertier and Mrs. Yanira Lopez Service center supervisor I had been informed that there were days of absence prejudicing my attendance report that should be removed because you were covered under the FMLA. And there were delays and absence that had been placed by apparent error in my report harming and penalizing me for absence and tardiness that did not belong to me.
13. Example of altered punch Monday September 13, 2010 mi punch detail 7:02 am and Mrs. Yanira Lopez changed the information by putting 8:02 am trying to make me a delay.
14. Mrs. Yanira Lopez continued with this pattern ignoring altering my attendance report change the hours. Another example april 01, 2011. I had electronically struck my departure time for lunch at 11:32 am and then punch my entry to continue working 12:19m Supervisor Yanira Lopez altered the electronic punch setting lunch departure time 12:19 and return time 1:32 pm doing Report another delay.
15. This is my evidence that my punch detail was altered and then penalized

16. . Another of the things that is being practiced was the Yanira Lopez not giving me the trainings sending other employees train me giving me confusing instructions.
17. That the complainant understands that the actions described above occurred as a result of his application for medical-family leave, in violation of The Family and Medical Leave Act of 1993, as amended, 29 U.S.C. § 2601 et seq. 3.11
18. That according to The Family and Medical Leave Act of 1993, as amended, above, it corresponds to restitute the complainant to his employment, as well as a sum corresponding to the income, salaries benefits and / or any other compensation left unpaid, related interest To these amounts at a rate of 4.25%, according to the rate prevailing at the Office of the Commissioner of Financial Institutions (see Office of the Commissioner of Financial Institutions, Interest Rate Applicable to Judgments).
19. Case at the moment is in the court of first instance of Carolina Puerto Rico Under the case number FPE2015-0256 Active but since April 6, 2015
20. For the second time in his own right at first but I was asked to get legal representation at the moment I go in taking care of my grandfather who raised me since I was a child.
21. I am not working or receiving any income because of my grandfather's health condition and I can't continue to pay lawyers in Puerto Rico.
22. This case for the first time was opened under this case number F PE2012-0864 in the court of first instance of Puerto Rico.
23. Was dismissed for failing to lend the non-resident bond on time.
24. Was for the first time in the superior court KLAN201500675 from where it was sent to the court of first instance in Carolina so that a new case was opened.
25. In the court appeals sent to the court of first instance to open another case F PE2015-0256
26. In the court of first instance was requested by the defendant to take the case to the court of appeals Under the case number KLCE201600536.
- 27.

WHEREOF, very respectfully, the Honorable Court is requested to declare "WITH PLACE" the present Complaint and, consequently, to issue a judgment ordering the respondent party to pay the sum of \$ 10, 464.80 for the complainant Allowance; As well as restitution to the complainant party for his employment, as well as a sum corresponding to the income, salaries benefits and / or any other compensation ceased to accrue, interests related to these amounts at the rate of 4.25%, according to the rate prevailing in The Office of the Commissioner of Financial Institutions.

ATT
Enriq. Ray Rivera
P.O. Box 51331
Fort Myers, FL 33994

12. State here, as briefly and clearly as possible, the essential facts of your claim. Describe specifically the conduct that you believe is discriminatory and describe how each defendant is involved in the conduct. Take time to organize your statement; you may use numbered paragraphs if you find it helpful. It is not necessary to make legal arguments, or to cite cases or statutes.

(Attach additional sheets as necessary)

13. The acts set forth in paragraph 12 of this complaint:

are still being committed by the defendant

are no longer being committed by the defendant

____ may still be being committed by the defendant

REQUEST FOR RELIEF

State briefly and exactly what you want the Court to do for you. Make no legal arguments; cite no cases or statutes.

Signed this 17 day of February, 20 17.



Signature of Plaintiff